STATE OF MARYLAND-CERTIFICATE OF DEATH

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.				
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	WRITE PLAINLY, WITH UNFADING INK-THI	nation should be carefully supplied. AGE should b	CAUSE OF DEATH in plain terms, so that it may b	FION is very important. See instructions on back o

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Alard	Registration Dist. No. 184
Village Sity Darlingto Md. P.	O No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In aity or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Saac & . Udan	If U. S. Veteran, specify WAR
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Office 9, 193 7 (Yeer)
HUSBAND of Regima adams	22. HEREBY CERTIFY, That I attended deceased from 1937, to while 9, 1937
DATE OF BIRTH (month, day, and year) July 23, 1888	I last saw held alive on april 94 , 1937; death is said
AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the dete stated above, atm.
7 0 16 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Alberalis Showsely
9. Industry or business in which work was done, as SILK MILL, Crow Sarm SAW MILL, BANK, etc. 10. Date deceased last worked et Charles 11. Total time (years) 9.	Verferalism
this occupation (month end 1937 spent in this occupation was compatible occupation). 2. BIRTHPLACE (city or town).	Other Contributory Causes of importence:
(State or country)	
14. BIRTHPLACE (city or town) Gilford Co., (State or country)	Name of operation Date of
15. MAIDEN NAME Harry Cray 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(State or country) 17. INFORMANT MAN DAGAC Adams	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, ORD STOR DE REMOVE DATE OWN 11, 1937	Manner of injury
9. UNDERTAKER Carling Bailey (Address) Darling Md,	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED april 10, 1937 M. W. Kirks	(Signed) A Control M. C. (Address) M. C. (Addr
Kegistrar.	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis !! MAY	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrifis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

A	2	A	()
4	4	4	J

1. PLACE OF DEATH	,	1		92-0 / 8 2
County Hay	ford,			Registration Dist. No.
Village or City	an Sci	moho to	romen!	No
Length of residance in city o	r town whara dea	ath occurred 12		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME	6	9	a. La	
	naw	June	much	If U. S. Veteran, specify WAR
(a) Residence: No.	! Isan B	(Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Jenel 4. COLOR O	R RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) (Day) (Geer)
5a. If marriad, widowed, or divorced				
HUSBAND of (or) WIFE of	hew?	7 and	less	22. I HEREBY CERTIFY, Thet I attended decessed to
	n	2/22	15.70	1 last saw here alive on a farical 22, 193 death is
6. DATE OF BIRTH (month, day, an 7. AGE Yaars	d yaar) Months	23-/ Days	If LESS than	to heve occurred on the date stated above, at
14	4	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trada aratanlas ar acrtio			ormin.	ware es follows:
8. Trada, profession, or partic kind of work done, as SAWYER, BOOKKEEPER	SPINNER,	Horaco l	wil.	m+ op11
9 Industry or business in wh	ich	Arron see a character		State Significances
work was done, as SILK SAW MILL, BANK, atc.	. WILL,			
f 0. Date deceased last worked this occupetion (month)	at and	11. Total ti	ime (years) ntin this	
year)	0		pation	Other Coutributory Causes of Importance:
12. BfRTHPLACE (city or town)	melife	andless	<u> </u>	
(State or country)	10	100		
f3. NAME 14. BIRTHPLACE (city or town)	10 Cin	dur		
f 4. BIRTHPLACE (city or town)	7/	2		Name of operation Dete of
(State or country)	00	00		What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ancy	Osbon	4	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
6 16. BIRTHPLACE (city or town)	3/	3		Accident, suicide, or homicide?
(Stete or country)				Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cincols (Address)	en Ja	molers	,	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM	DVAL	0		Menner of injury
Place MM 314	v	_Deta_Llfz	N. 25,1937	Nature of injury
19. UNDERTAKER De	and to	ster		24. Was disease or filture in any way related to occupation of deceased?
(Address)	Belli	a ma		If so, specify
20. FILED apr 25-19	37 912	Riche	sdson	(Signed) If Annal Sans
20. FILED	F		Registrar.	(Address) Darling (W)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 8 1931	July 5, 1927	Peritonitis	3 days ago
RUREAU V. C. I			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		0	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 4250
1. PLACE OF DEATH	200
county Narford	Registration Dist. No. 185
Village at the favre de Grace	No. Lo Res St., Ward death extured in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurredyrs,mos	/ X
2 FILL NAME helifs Fillmore &	Tarret U. S. Veteran, specify WAR
(a) Residence: No. 211 No. Stokes	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE (a) ar ah Clerafilh Barne	I HEREBO CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 31, 1858	I last saw he alive on David 17th, 1937; death is seid
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at
78 10 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
S Irada arthesian or particular	ware as follows:
kind of work done, as SPINNER acturary Mark less	e Colastra
9. Industry or business in which work was dona, as SILK MILL, Cellical SAW MILL, BANK, etc	Demorpogs
10. Date decessed last worked et 11. Total time (years) this occupation (month and 192 2 spant in this occupation 30 %	
12. BIRTHPLACE (city or town) Cacel Co.	Other Contributory Causes of importance:
(State or country)	Min Scleroses
13. NAME Meodore Barrel	
13. NAME Produce Barres 14. BIRTHPLACE (city or town)	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret Logan	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Jogan 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT M. Hanley M. Barrel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
(Addrass) Havelak Leace Mid	
18. BURIAL, CREMATION OR REMOVAL	Mannar of injury
Place Topewell St., Date M., 190	Natura of Injury
19. UNDERTAKER / Madison Muchelle (Addrass) Fevre de Grace 6mg	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED april 10, 1937 Charles & Fally M.D.	(Signed) famue to Day M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address) VI W Land Control of the Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	Sur end
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MADVI AND CEPTIFICATE OF DEATH

1 PLACE OF PEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County Harfard Can	Registration Dist. No.
Village or City 10/Km (Oct Cin My 1	No. St., Ward
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frunk Butlet	If U. S. Veteran, specify WAR
(a) Residence: No. County Have	St., Ward.
(Vival place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (regrice the word)	21. DATE OF DEATH Ceft 9, 193.7
Se. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thetal ettended decessed from
(or) WIFE of	22. I HEREBY CERTIFY, Thet-I ettended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Cout 6	Hest sew have elive on Office 1937: deeth is said
7. AGE Years Months Days if LESS than	to heve occurred on the date steted above, at 4.7m.
65 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Julinorumy Tuturellous 39008
9. Industry or business in which work was done, as SILK MILL.	
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this precuration (month and	
10. Date decesed last worked at this occupation (month end yeer) coccupation coccupation	
D OF	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) — Danker (Stete or country)	
	Name of acception
14. BIRTHPLACE (city or town)(State or country)	Neme of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Stete or country)	Where did injury occur?
Clark Lite water la	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT QUILLANG GALLENNE (Address)	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Place Cornely Amae Date apro 10, 195	Neture of injury
19 UNDERTAKER Dean Toater	24. Was disease or injury in any way releted to occupetion of deceased? 240
(Address) Belan and	If so, specify
20 FILED april 10 19377 E Richardson	(Signed) Willard P. Audson M. I
Registrar.	(Address) Forest Bell med
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 9 1931	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	9	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			•

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	ANILAND	CERTIFICATE OF BEATTI	
7/1		Registration Dist. No.	32
Village or City Sherhan Run		NoSt.,	Ward
Length of residence in city or town where death occur	1	death occurred in a horpital or institution, give its NAME instead of street and the death of the death of the death of the death occurred in the death occurred in the death occurred in the death occurred in a horpital or institution, give its NAME instead of street and the death occurred in a horpital or institution, give its NAME instead of street and the death occurred in a horpital or institution, give its NAME instead of street and the death occurred in a horpital or institution, give its NAME instead of street and the death occurred in th	
2. FULL NAME Rose Ester	D. Berry	If U. S. Veteran, specify WAR	
(a) Residence: No. Belau (Uou	Al place of abode)	St, Ward. If nonresident give city or town at	nd Stale
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Le OR DI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Month) (Bay)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I, HEREBY CERTIFY, Thet J ettende	ed deceased from
(or) wire of		april 7 ,1932, 10 april 9	, 19.3.7
6. DATE OF BIRTH (month, day, and year)	10-1936	I last sew here alive on	; deeth is said
	lf LESS than 1 dey,hrs.	to have occurred on the date stated abova, atm.	
5-	ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	710-	Brouchs- Pneumorus	- Officitt
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL.	vu-	- (permany)	·
work was done, as SILK MILL, SAW MILL, BANK, etc.		1	
0 10. Date deceased last worked at this occupetion (month and	Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) White, I	Hall	Other Caatributery Causes of importance:	
(State or country) Henfor	Alex nia		
I 13. NAME M. Rosevelt Be	ssu		
14. BIRTHPLACE (city or town). What	Hull	Name of operation Date of	
(State or country)	d	What test confirmed diagnosis? Was there e	n eutopsy?ko
# 15. MAIDEN NAME an Lda t	alisisty	23. If death wes due to externel ceuses (VIOL ENCE) fill in also the follow	ing:
15. MAIDEN NAME An Ida (son 1	Accident, suicide, or homicida? Date of injury	, 19
E (State or country)	U	Where did injury occur? (Specify city or town, county and S	
17. INFORMANT Rosered Be	my	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	Manner of injury	
Place telans tehopel Dete	apr// ,1937	Nature of Injury	
Secry I F		24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER Delice Volume (Address) Beland	ma	If so, specify	
al 11 87 ME R'	a dam.	(Signed) Wellard S. Quality	rec M.
20, FILED 1900 11 , 1921 11 Cuch	Registrar.	(Address) Trest Hell?	nd

V. S. No. 1
N. B.—WRITE

PHYSICIANS should state

JRD. Every item

UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

properly classified. Exact statement of OCCUPA-

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To be complete, an occupation return must state:

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Example I	11 6	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 9 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- 19 1 State and Friday			
Other contributory causes of importance:	and the	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County / Narlard 1.	Registration Dist. No. 185
de la la de Herraria	Nabital
Village or City Havre of the Neares	No. St., Ward If death occurred in a hospital organististion, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Williams (1.	Coack - If U. S. Veteran, specify WAR
(a) Residence: No. Aberdeue MA	St. Ward Culside- aterdew, nd.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Thate W. OR DIYORCED (write the word)	april 19 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF GO BOLL	22. A HEREST CERTIFY, That I attended deceased from
unice a sort	1937 to 190, 1937
6. DATE OF BIRTH (month, day, and year) UC+ 21-1852	I Jast saw ham alive on Clark 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.8m.
80 9 13 1 day,hrs.	mara as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc Januar	- d
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked as the control of this occupation (months and	Growing memory
SAW MILL, BANK, etc	
this occupation (month and 1937 spent in this year)	
Li a . l . l . a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	- American de la companya della companya de la companya della comp
(State or country) / Wareflaced	Corprae ax sonalion
13. NAME (oderard) G. Bodt -	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Wes there en eutopsy?
16. BIRTHPLACE (city or town).	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Serulacie	Where did injury occur?
17. INFORMANT Mrs. Engine Bellingslea T	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cherlien 9:75	
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Inselle Thoyale Datelysul 21, 1927	- Nature of injury
Mennes barries of days	
19. UNDERTAKER ALMA GAMMA (Address)	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Karnes 16 15 mg M/D
20. FILED Greek 30, 1937 Aules & Joley 3. D.	(British Spanner of Trans and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

mation should be carefully supplied.

N. B.—WRITE PLYINLY, WITH

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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Chronic interstitial nephritis AY D 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Date of onset

Was there an autopsy? - de

BINDING RESERVED

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Charles Valle Control (Control		(P	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
						1

ORD. Every item of inforshould state Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT RE AGE should be stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WRITE PL N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4256
County Harfred-	Registration Dist. No. 183
Village or City Kockes	No. St., Ward
(II Length of rasidence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds.
2 FILL MAME Hattie Presence of	uskins
(a) Residence: No. Rockes me	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DAVORCED (write the word)	21. DATE OF DEATH Offil (Mg/h) (Day) (rear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of John Bunking	april 10, 132, to Opril 10, 137
6. DATE OF BIRTH (month, day, end yeer)	I las yaw has aliva on Office 0 , 1937; deeth is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated above, et
0) 0 2 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importenca were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER,	
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10: Data deceased last worked et this occupation (month and	Colored Memoria ge (god 10
work was dona, as SILK MILL, SAW MILL, BANK, etc	
Spart to this	
year)occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or coughry)	
E / Marked 05	
4 14. BIRT(IPLACE (city or town) (State or country)	Neme of operation Data of
15. MAIDEN NAME Fannie Groffin	What test confirmed diagnosis? Wes there en au'opsy?
15. MAIDEN NAME Farmer Straffing 16. BIRTHPLACE (city or town) Harfard es	Accident, sulcide, or homicide?
(State or coun'ry)	Where did injury occur?
17. INFORMANT West Berkins (Address) Rocks md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Data 7 7 , 1937	Nature of injury.
19. UNDERTAKER Struck Form.	24. Wes disease or injury in any way related to occupation of deceasad?
(Address)	If so, specify
20. FILE USU. 13 1987 This Brussed.	(Signed) Welfard & Guesseu M. D.
Registrar.	(Address) fillet Well nek

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HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No.

1. PLACE OF DEATH	(107-0)
County Harford	Registration Dist. No. 183
Village or City Society (If	No. St., Ward. St., Ward. St., Ward. St., Ward. St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
AGE Years Months Days If LESS than 1 day,	22. I HEREBY CERTIFY, That I attended deceased from the same of th
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Charles Danklane 14. Danklane 15. Danklane 16. Danklane 17. Total time (years) spent in this occupation cocupation 18. Danklane 19. Da	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Harford Co July, (State or country)	Neme of operation Date of Date of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Sallie Stade 16. BIRTHPLACE (city or town) Always Co med (State or country) 17. INFORMANT Shade Brookers (Address)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
(Address) Rocks Mad. 18. BURIAL, CREMATION, OR REMOVAL Place Wallers Date 128, 1937	Manner of injury
(Address) Janes Wood Inc. (Address) Janes Wo	24. Was disease or injury in any way related to occupation of deceased?

CTATE OF MADVI AND CEDTIFICATE OF DEATH

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

(Dey)

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N BUREAU V. S.	7.		
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S. No.

BINDING

RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

if so, specify

(Address)

(Day)

Date of onset

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 5 1937	1		
Other contributory causes of importance: V. S	and disconnection of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

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very	IANS	ment (
RD. I	IYSIC	state	
REC	. PB	Exact	
N. BWRITE PLANITY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Memof infor	CTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
ERM.	EXA	elas	te.
S A P	tated	roperly	TION is very important. See instructions on back of certificate.
HIS	be s	be p	of ce
K-T	plnoy	may	back
G IN	GE S	hat it	ns on
ADIN	d. A	s, so t	ructio
UNF	upplie	terms	e inst
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Y, W	carefu	H in	ortant
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F PL	lnous	OF 1	rery
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B.—V	m	Ü	T
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4260
1. PLACE OF DEATH	(B)
County Larbord,	Registration Dist. No. 182
Village or City Paul Cur	NoSt,Ward
N. C.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Wartha P Chemin	~ t/.
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowad, or divorced WISBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Junias Chillian	C April 2 , 1937 to April 13 , 1937
6. DATE OF BIRTH (month, day, end yeer) Suly 14, 1874	I last saw have elive on 1937; death is said
7. AGE Yeers Months Deys If LESS then I day,hrs.	to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence
64 — 8 — 9 ormin.	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	leknome Myseculius
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Wd (State or country)	Other Contributory Causes of Importance:
I NOVOS NOVOS	Name of operation. Itsura Date of
[State or country]	Whet test confirmed diagnosis? Clinescal Was there en autopsy? 200
IS MAIDEN NAME RELEGIAN ROMENTO	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Pulse and Rosello 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Dund Dandon (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injüry
Place Movemble Date Upl 17,19 8	Nature of Injury
19. UNDERTAKER Dand Dendage	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED apr-15t, 15) ME Richardson	(Signed) H. F. Bradley M.D. (Address) Parcettaville Md
Registrar.	(Vicilian) - Activity of the Control

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAY 8	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	3 11	Example II		
The principal cause of death and related causes of importance were as follows: 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			to legal	

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF, DEATH,	212-2
County Aurhord	Registration Dist. No. /8
Village or City Clerence In city or town where death occurred 45 yrs.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? 4.9 yrs. mos. ds.
2. FULL NAME Glam B. Elas (a) Residence: No. Cherdeen	NFD St., Ward.
(Usual place of abode PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE OR DIVORCED (write White Manuel	VIDOWED, 21. DATE OF DEATH Green 12 193 7
5a. If married, widowad, or divorced HUSBAND of (or) WHE of Margaret & Elaseure	22. ALLEREBY CERTIFY, That I attended deceased from the standard of the standa
74 6 - 1 day	LESS than to have occurred on the date stated above, at / L. / L
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	5 - 1 - 5 - 20 - 1
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Sussia	Name of operation Dete of What tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mass Margary E. Elasta (Address)	23. If daath was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Where did injury occur? (Specify bity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE BASEL Canally Date Gris 15	Manner of injury Fell off wayou 1.1937. Nature of injury
19. UNDERTAKER Alenny January Sons (Addrass) Jahradan Mad. 20. FILED Alex 15-1937 O.C. Mile	24. Was disease or injury in environment of deceased? Yes If so, specify the translation of deceased? Yes (Signed) the Hough Many Many Many Many Many Many Many Many
	Registrar. (Address) Cleuder Mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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should state of OCCUPA.

A PERMANENT RECORD. Every item of infor-PHYSICIANS Exact statement

stated EXACTLY. properly classified.

UNFADING INK-THIS IS

should be

supplied.

mation should be carefully

CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- t	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago	
PEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be

should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE					(131)		
	Harford				Registration Dist. No. 180		
Village or	City Edg	sewood A	rsenal, L	d, Edgewoo	f death accurred in a hornital or institution wire its NAME: and f		
Length of r	esidence in city	or town where	death occurred2	yrs 10 mos	s. 16 ds. How long In U.S. if of foreign birth? 62 yrs Approx d		
2. FULL N	AME PE	RRY EDE	LBERT ELI	JOTT	If U. S. Veteran, specify WARNone		
(a) Resid	ence: No.Qr	s. 218			Md.St., Ward.		
			(Usual place		If nonresident give city or town and State		
3. SEX	1		ICAL PART		MEDICAL CERTIFICATE OF DEATH		
Male	V	OR RACE Vhite		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH April (Month) (Day) (Year)		
5a. If married, wid HUSBAND of (or) WIFE of	wed, or divord	red Josephi	ine miller &	lliott.	22. I HEREBY CERTIFY, That I attended deceased from April 10 19 37, to April 11 1937		
6. DATE OF BIRT	f (month, day,	and year) Fe	b. 13, 18	357	I last saw him alive on April 10 19 37 death is sa		
	ears	Months	Days	If LESS than	to have occurred on the date stated above, at 8:15 a.M.		
80		2	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
8. Trade, prokind or SAWYI	fession, or par work done, a R, BDDKKEEP	ticular s SPINNER, H ER, etc	ardware M	lerchant	Cerebral apoplexy Apr 1/37		
Industry o work v	business In vas done, as SI	which LK MILL,			Chrosic orteriorseleastee nephritis		
Date dece	Sheur in this AV						
12. BIRTHPLACE (city or town) Aylesford (State or country) Nova Scotia			ord	opation	Other Contributory Causes of importance: Uremia		
13. NAME	Unkno						
14. BIRTHPLA		11.	nknown		Name of operation. None Date of		
15. MAIDEN N	71	inknown			What test confirmed diagnosis? Clinical Was there an autopsy? N		
16. BIRTHPLA	CE (city or tow	n) Unkn	own		23. If death wes due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Mrs. Marion Elliott (Address) Edgewood Arsenal, Maryland			lliott al, Maryl	end	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMA			Dete June	12 ,19>>	Manner of Injury XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
19. UNDERTAKER (Address)	ab		con me	6a	24. Was disease or injury in any way related to occupation of decessed? No		
20. FILED April	l. II,, 19	/	uly m &	hipley all Registrar.	(Signed) Henry F. Philips Lt.Col M. (Address) Edgewood Arsenel M. M. USA.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 6 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
and the second s				

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

AMPRICATION OF THE PROPERTY OF	1001
STATE OF MARYLAND—	CERTIFICATE OF DEATH 4264
1. PLACE OF DEATH	(31)
County Harland,	Registration Dist. No. 103
Village or City Habre de Grace	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME William & Frisk	If U. S. Veteran, specify WAR
(a) Residence: Np. Stole St.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR—DIVORCED & write the word)	21. DATE OF DEATH april 30 -, 1937' (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced	
(or) WIES of Marcy Trustrong-	22. HEREBY CERTIFY. That ettended decessed from
6. DATE OF BIRTH (month, day, and year) april 26 4/862	I last sew hater_alive on_aprile 30 ,1937; deeth is said
7. AGE Yeers Months / Deys If LESS then 1 deyhrs.	to heve occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence
/ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were as follows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, Murellaset, SAWYER, BDDKKEPER, etc.	Gehro V deva.
SAWYER, BUDKKEEPER, etc	1 typulus
work was done, as SILK MILL, SAW MILL, BANK, etc.	flases fing warm
kind of work done, as SPINNER, Mureliasel. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupetion (month and spent in this	Justification IV
yeer) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Old Betture	
(State or country) way suggested.	
13. NAME Soloword Fisher.	Carchae Farline
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	Whet test confirmed dlegnosis? Wes there an autopsy?
15. MAIDEN NAME Bridget Pine. 16. BIRTHPLACE (city or town) (State or country)	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Mary traffic Tolar - (Address) 108 Coff 12 St. Barto Md.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury
Place Mut. Fristey Date May 3 -, 19 37.	Nature of Injury
19. UNDERTAKER Pennington Son	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Have be Grace, may	If so, specify
20. FILED May 1 1937 Charles & Faley B. S.	(Signed) lighter of tolay M. D.
Registrar.	(Address) Atsural all Alan Mall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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	tem	shou	50	1
D	ECORD. Every i	PHYSICIANS	ract statement	
DITTO	RMANENT R	XACTLY.	classified. Ex	4
rok b	IS A PE	stated F	properly	certificate
ARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be	n terms, so that it may be	ee instructions on back of
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of Og	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 42	65
1. PLACE OF PEATH	(81)	
County alyport	Registration Dist. No. 182	
Village or City	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number =ds. How long In U.S. If of foreign birth?yrsmos	
61. 17 4.		as.
2. FULL NAME CASALLE SUL	If U. S. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	te
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIWORCED (write the word) Acclance	21. DATE OF DEATH A prid (Month) (Day) (Day)	3.7 (Yeer)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of Rachal Smisst	22. I HEREBY CERTIFY, Thet I attended dece April 14 , 1936, to April 14	
6. DATE OF BIRTH (month, dey, end yeer) 4 1858	I last saw han elive on April 12 , 1987; de	eath is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated ebove, et 9:15 P.m.	
79 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were es follows:	ate of onset
8. Trade, profession, or perticular kind of work done as SPINNER	arterial Eclarons (advanced)	P
kind of work done, es SPINNER, Caspender SAWYER, BOOKKEEPER, etc. Industry or business in which	mon appeared]4	-4-3
work was done, es SILK MILL, Lettel	Cerebalt nortres	
kind of work done, es SPINNER, Caspueles SAWYER, BOOKKEPPER, etc. Industry or business in which work was done, es SILK MILL, Fellow SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month and year) year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importance:)
(Stete or country) Daryland	astling	
13. NAME Why	Grastuparaplegey 8	40041
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of	
(Siete of County)	What test confirmed diegnosis? Wes there an eutop	psy? 713
15. MAIDEN NAME WELLOW 16. BIRTHPLACE (city or town)	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	., 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANTS) Hogsay From.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Level Surf Date C. 10, 19.76	Nature of injury	
19. UNDERTAKERJOSSELEGEN Y JOBS.	24. Wes disease or injury in any way related to occupation of deceased? 20	
(Address) Buslow, mix	If so, specify 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
20. FILED apr 17, 19) 1 R. Clickendson	(Signed)	M. D.
Registrar.	(Address) Lagurda , 197 +	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephfilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
1931 November 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		b	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

front most

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. I UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be supplied. mation should be carefully INLY, -WRITE

V. S. No. 1 N. B.—

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	. PLACE OF DEATH	841
	County Horford	Registration Dist. No. 183
	Village or City / 200 srelgs	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrs,mos.	
2	FULL NAME Sarah Jane	Mestone
-	(A) Desidence 11 4/2 DE	St. Ward.
	(a) Residence: No. Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (variet the word)	21. DATE OF DEATH
	unde Ithete Hidand	(Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
	(or) WIFE of Thomas B Tolore	22. I HEREBY CERTIFY, That I attended deceased from
6 1	DATE OF BIRTH (month, day, and year)	I last saw hen alive on Fall - 1936; death is said
7. /		to have occurred on the date stated above, at 1,300 m.
	78 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
-	8. Trade, profession, or particular	were as follows: I Date of onset
ō	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Condition she (radually
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,	became so weakened
000	SAW MILL, BANK, etc.	that death was the
ŏ	10. Date deceased lest worked at this occupation (month and yeer) 11. Total time (years) spent in this occupation	Lesulti
	Dal Capación	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town) (State or country)	Same
œ	13. NAME War 2/ 11.	
FATHER	The state of the s	11008
FAT	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
2	15. MAIDEN NAME CAN AS ST. "Als	What test confirmed diagnosis! Was there an autopsy?
MOTHER	The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following:
O W	16. BIRTHPLACE (city of town) (State or country)	Accident, suicide, or homicide?
	10 11 51 +	(Specify city or town, county and State)
17.	(Address) Tony les Pa)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury Lone
	Place Fillowskip 27 Dete Comme 27, 1937	Neture of injury None
10	UNDERTAKED Howard 3/11	24. Was disease or injury in any wey related to occupation of deceased?
19.	(Address) San Sing O	If so, specify
20	FILED apr. 27 1938 Thos R Brown	(Signed) Valle of new Years M. D.
20.	Registrar,	(Address) TOLIN TIME FT.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LION

S. No.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STREET STATE STATE STATE ATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis Ap	1 year
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4267
1. PLACE OF DEATH	9031
County Harland	Registration Dist. No. 183
m 20 0-1	
Village or City / Driver / Miles	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
n C-	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Palph Lybins,	
(a) Residence: No. Horristille Mad (Qual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	21. DATE OF DEATH April 11 193 7
5e. If married, widowed, or divorced	(Month) (Day) (Yaar)
(or) WIFE of ora McClusin Lenkins	22. J I HEREBY CERTIFY That I attended deceased from 1937 to April 1/ 1937
6. DATE OF BIRTH (month, day, and year) Dec //2 1988	i fast saw h im elive on april 6 1937; deeth is seid
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 1/36 A m.
119 2 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
70 3 d ormin.	were es follows: Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acure carriae Malin 4/11/2,
9. Industry or business in which	·
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decassad last worked at this occupation (month and 17 1427)	
this occupation (month and 12 143) spant In this spant occupation.	
12 BIRTHPLACE (city or town) new Marks Penna	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	marceaurings, ograme 1730
	Myocasaus, Carone 1731.
14. BIRTHPLACE (city or town) formsylvania	New of according
(State or country)	Name of operation
	What tast confirmed diagnosis? Was there en au'opsy? Was there en au'opsy?
15. MAIDEN NAME Clice Morrison 16. BIRTHPLACE (city or town) Slewantstown (State or country)	Accident, suicide, or homicide? Date of injury
O 16. BIRTHPLACE (city or town) Thurans Come (State or country)	Where did injury occur?
11- 0-11-	(Specify city or town, county and State)
17. INFORMANT COLOR TENSONS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	
Place linkse, fra Date Apr. 14, 1937	Nature of injury
19. UNDERTAKED LO Soward Weble	24. Was disease or injury in any wey related to occupation of deceased?
Object of the Color	If so, specify (Signary M.D.)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	\$	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	X	2
1		
1	ZX	
	TEST	

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stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY,

JARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	210-m
County Harford.	Registration Dist. No. 180
Village or City VanBiber, Md.	No. Ct Word
	If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Robert Keys,	
(a) Residence: No. Wilmington, Del. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) male white Single	21. DATE OF DEATH April 8 ,193 7 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) November 27 1900 7. AGE Years Months Days If LESS than 1 day,hrs. ormin. 8. Trade, profession, or particuler kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and specific property).	1 1 1 1 1 1 1 1 1 1
work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Wilmington, D. (State or country)	Other Contributory Causes of importance:
13. NAME Howard Keys.	
13. NAME Howard Keys, 14. BIRTHPLACE (city or town) Wilmington, Del. (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Anna Rash.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Anna Rash, 16. BIRTHPLACE (city or town) Wilmington, Del. (State or country)	Accident, sulcide, or homicide?
17. INFORMANT Anna Rash, (Address) 1104 West St Wilmington, De	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wilmington, Del rate April 10, 19. 3	Manner of injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED april 9, 1937 & riely M. Shipley	(Signed) fames Landers J. F. M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample I		Example II		
The principal cause of dea of importance were as foll	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy		
	G .C.	1915		1 week ago	
Chronic interstitial nephritis	O YASS	1921	Run over by street car	1 week ago	
Cercbral hemorrhage		July 5, 1927	Peritonitis	3 days ago	
	MUNEAU				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	

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and the second s					
Other contributory causes of importance:		Other contributory causes of importance:	-/		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING AGE should be pe

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.—WRITE PLAINLY,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos. ds. How iong in U. S. If of foreign birth? yrs. mos. d 2. FULL NAME (a) Residence: No.	1. PLACE OF DEATH	-CERTIFICATE OF DEATH
Village or City Length of residence in cityer town where death curry Length of residence in curry Length of residence in cityer town where death curry Length of residence in cityer town where death curry Length of residence in cityer town where death curry Length of residence in cityer town where death curry Length of residence in cityer town where the word of citye	County /arfm	Registration Dist. No. 185
2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (e) Residenc		No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Comparison of Comparis	1 1 0 / 1 / n sin/	
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6. DATE OF BIRTH (month, dey, and year) 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Oays If LESS than Idayhrs. Ormin. 1 i lest saw h elive on 19 deeth is saw to heve occurred on the dete stated ebove, at	5a. If merried, widowed, or divorced	(month) (bay) (teel)
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TAGE Years Months Days If LESS than 1 day	a.'00 100	
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19. UNDERTAKER Thuring tout for 24. Was disease or injury in any way related to occupation of deceased? (Address) Laurage grace, mile of so, specify (Signed) Tank fraction M.	Place Chigel Hell Date april 10, 193	7
(Address) Plank de Grace, mil If so, specify 20, FILED April 10, 19 37 Clark J. Jalan M. (Signed) Track from M.	all interest of	
20. FILED april 10, 19 37 Clare Jose (Signed) - Frank fralbert M. O. M.		7
	Asie alle Or	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1,	Registrar.	(Address) dave de frace mg.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial n	ephrilis 💮 📉	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	T SHIRE SHILVE DE				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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County Have	ora,				Registrat	ion Dist. No.	3
Village or City_	Herre a	de Gr	all.	No.		St,	Wai
Length of rasidance in	city or town whare	death occurred			orpital or institution, give its N. ong In U.S. if of foreign birth		
2. FULL NAME	Janu	s &. X	einlac	0	. S. Veteran, specify WAR		
(a) Residence: No.	7				Ward.		
PERSONAL A	ND CTATICS	(Usual plac		M		dent give city or town a	
PERSONAL A	OR OR RACE		RRIED, WIDOWED,	21. DATE OF	DEATH -	TE OF DEATH	`
male u	lite		ED (write the word)		Clark (Month)	(Bay)	, 193. 7 (Year)
5a. If marriad, widowed, or di HUSBAND of (or) WIFE of	vorced		0	22. 1 H	EREBY CERT	IFY. Thet i attende	ed decaased fr
	1	,	0 . 6	- Ugrie	1, 10.57, to.	april.	9 19 . 3
6. DATE OF BIRTH (month,	1	w. 6	- 1937	, 1 lest saw h_dee	- alive on	2 5 193	Z_{-} ; death is s
7. AGE Years	Month's	Deys	If LESS than 1 day,hrs		n the date stated above, above AUSE OF DEATH and related	201.m.	
8. Trada, profassion, or	perticuler	1 N	ormin.	were as follows:	relix sucum	~	Dataolon
kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, atc.	non	ce,				1-0
9. Industry or business work was done, e	in which s SILK MILL,						
kind of work don SAWYER, BOOKK 9. Industry or business work was done, e SAW MILL, BAN 10. Date deceased last v this occupation (r	orked et	11. Totel	time (years) ant in this				
year)	1		cupation	Other Contributory	Causes of Importance:		
12. BIRTHPLACE (city or tow (Stata or country)	n) Own	- rules	water.	- Ind			
13. NAME San	mel.	8/1/2º	whach	wwo	varing Co	zyw	4/1
13. NAME Sacrification 14. BIRTHPLACE (city or	town //	eadin	4.	Nama of operation		Date of	
(State of country		nsyl	Ania,		d diegnosis?		n autopsy?
15. MAIDEN NAME	erna	-al, 19	line,	23. If death was due	to externel causes (VIOLENC	E) fill in elso the follow	ring:
15. MAIDEN NAME 16. BIRTHPLACE (city or	. / // //	nous	<u></u> ,	Accident, suicide,	or homicide?	- Dete of injury	, 19
≥ (State or country)	0 9.	0 -1	Where did Injury	(Specify ci	ty or town, county and S	State)
17. INFORMANT (Addrass)	unel	6. hen	reach ;	Specify whether in	jury occurred in INDUSTRY, i	n HOME, or in PUBLIC I	PLACE.
18. BURIAL, CREMATION, OF	REMOVAL .	/	Constitution of the consti	Manner of Injury			
Place ange	e dull	Dete af	il 1/,1937	Neture of injury			
19. UNDERTAKER	unin	glours	on ,	24. Was disaase or	injury in any way related to o	ccupation of decaesed?_	
1			- July	o so, spaciny	7	,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			-11-1-1-1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE	OF	DEATH
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- 1	0	say.	9
1	4	4	13

1. PLACE OF DEATH	(97)
County Harford	Registration Dist. No. 180
Village or City Perryman, Md	No. St., Ward
50	death occurred in a hospital or institution, give its NAME instead of street and number)
$m \rightarrow n$	ds. How long in U. S. if of foreign birth?
2. FULL NAME MATGRANT MINE M	Chonner.
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 23 1937
female While Widowed 5a. If married, widowed, or divorced	/(Month) (Day) (Year)
· HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(61) WITE OF Millisius J. Mc Donald	Fulr. 12, 1937, to Upril 23, 1937
6. DATE OF BIRTH (month, day, and year) June 26 1856	I last saw h alive on
7. AGE 80 Years Months Days If LESS than 1 day. 12 hrs.	to have occurred on the date stated above, et
7 22 or 30-min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, Howe Work SAWYER, BOOKKEEPER, etc.	11
kind of work done, as SPINNER, SOULE WONC SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Fub. 20	Suranly artino schools
10. Date deceased last worked at 11. Total time (years) From	
this occupation (month and Feb 20 spant in this Winter year) 1927 occupation and	
12. BIRTHPLACE (city or town) Stanford Funcie	Other Contributory Causes of Importance:
(State or country) Harford Country Maryland	Janasane at last.
13. NAME Mr. John Whiteohibe	
13. NAME Mr. John Mattobube	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME sunfcroure	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME SUNFLYONE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT World MC Strains (Address 153 ardsly St. Richwood N.Y	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St.Francis Cem.Date April 26,19.37	Nature of injury
19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED april 2 4, 19 37 & rily m & hipley	(Signed) Al Brulany M. D. (Address) Lemman M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

plnods Every PHYSICIANS statement Exact properl may should that 80 terms, ain efully 겁 DEATH

BINDING

RESERVED

ARGIN

OCCUPA. certificate back See plnods OF CAUSE mation TION M

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 185 _St.,__ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______mos.____ds. If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Oay) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Days If LESS than 7. AGE Months 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or min. Oete of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ___. 12. BIRTHPLACE (city or-town) (State or country) HER FAT Name of operation 14, BIRTHPLACE (city or to (State or country) What tast confirmed diagnosis?. Was there an autopsy?_____ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVA Manner of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of decensed? 19. UNDERTAKER (Address) If so, specify (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 5 1937	July 5,1927	Peritonitis	3 days ago
	RUSEAU V. F			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.-WRITE

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V. S. No.

STRIN CORPORAT : LIMITA

20. FILED. apr. 6 , 1937

STATE OF MARYLAND—	CERTIFICATE OF DEATH 42/4
1. PLACE OF DEATH	@3
County Harford -	Registration Dist. No. 185
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. /ds. How long in U.S. If of foreign birth?yrsds.
(a) Residence: Np. Junata (Usual place of abode)	St., Ward. If U. S. Veteran, specify WAR. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tennale white married Tank of the color of the colo	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, dey, and year) March 2 - 1864 7. AGE Years Months Days If LESS than	22. I HEREBY CERTIFY, Thet I attended decassed from 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
73 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Data of onaet
Note that the second se	Appertinance Sensaloge
12. BIRTHPLACE (city or town) Save de Grace, (State or country) Maryland. 3. NAME Leogew, Rloak 14. BIRTHPLACE (city or town) Save de Grace,	Other Contributory Causes of Importance: Description freumanial of Devention: 5 days 1. Nama of oparetton Cook B. Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Shelth. 16. BIRTHPLACE (city or town) Place to Grace. (State or country) mary factor. 17. INFDRMANT Thomas I Mackin. (Address) Have de Flygel - net.	23. If doeth was due to axtarnal causes (VIDL ENCE) fill in elso the following: Accident, suicida, or homicida?
18. BURIAL, GREMATION, OR REMOVED. Place Tugel Pell Date africa 6, 1927	Manner of injury
19. UNDERTAKER Jenning tout Jon; (Addrass) Flavre Jde Grace me	24. Was disease or injury in any way related to occupation of decaased?

(Address) - Wanter at

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:	121	Other contributory causes of importance:	25
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

__St.,____

OR DIVORCED write the word	Opril 12 , 1937
det Magues Mouth 3, 1865 Months Days If LESS than 1 day, hrs. or min. Coular SPINNER, Laure Hefe hich K MILL,	22. I HEREBY CERTIFY. That I attended deceased from 1937. to CANAL 12., 1937. I last saw here alive on Canal 12., 1937. death is said to have occurred on the date stated above, at 2. A. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Date of onset
and 11. Total time (years) spent in this occupation.	Other Coutributory Causes of importance: Gult Globby.
Itland Maggese,	Name of operation
Lugur Vidas Jan 1937	Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address)
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. P	LACE OF DEAT				CERTIFICATE OF DE	440
(County Nardo	el	1		Registratio	n Dist. No. 185
,	Village or City	wre d	e Gra	u Has	L. No. l.	St Wa
	Length of residence In cit			9	death occurred in a hospital or institution, give its NAI	WE instead of street and number)
	1	y or town where	P /	yrsfmos		
\	ULL NAME	Rallye	C. On	ank	If U. S. Veteran, specify WAR_	
((a) Residence: No	Dur	(Usual place		MSt., Ward.	ent give city or town and State
ı	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICAT	TE OF DEATH
Jen	nale Cal	R OR RACE		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	(Dey) 1937 (Yeer)
_HU	erried, widowed, or divor	hua	mark		22. JIHEREBY CERTI	FY. That I attended deceesed for the state of the state o
6. DATE	OF BIRTH (month, day	, end year Je	b. 25	1895	I lest sew h elive on Afre.	(2 , 19 ³); death is
7. AGE	Years	Months	Deys /	If LESS than	to have occurred on the dete steted above, et	m,
	42	1	1	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted ce were es follows:	euses of Importence
8.	Trede, profession, or pe kind of work done, SAWYER, BOOKKEE	rticular es SPINNER,	ruseros	k	Gramia	
9. 10.	Industry or business In work was done, es S SAW MILL, BANK, e	which ILK MILES	on home	€ .	Jues	
10.	Date deceased last wor this occupetion (mor year)	ked at	11. Total ti	me (years) nt in this petion	Other Contributory Causes of Importance:	
	THPLACE (city or town). (Stete or country)	Mary	tand		1 Jaylor min	
13.	NAME Olex	w M	mith			
E	BIRTHPLACE (city or to	wh			Neme of operation	Date of
-	(Stete or country)	ma	rylan	A	What test confirmed diagnosis?	Wes there en autopsy?
T -	MAIDEN NAME THE	aggie	Hildis	ago.	23. If deeth wes due to external causes (VIOL ENCE)) fill in also the following:
	BIRTHPLACE (city or to (Stete or country)	wn ff	u a la l	4	Accident, suicide, or homicide? Where did Injury occur?	Dete of injury, 19
	ORMANT - CALLERS (Address)	ge Ge	strigo	m 1	(Specify city Specify whether injury occurred in INDUSTRY, in	or town, county and State) HOME, or in PUBLIC PLACE.
18, BUR	Place L	EMOVAL . a.m. E	Cour. aps	. 4 ,1937	Menner of Injury	
	DERTAKER Syn (Address) Na	ning!	Lian X	m.	24. Was diseese or injury in eny wey releted to occ	cupetion of deceased?
20. FILE	ED Ceps. 4.	1937 Lha	eles J:	Talay B &	(Signed) Charles (Address) Hance da	Stoley ml.

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MINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIA	IN
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BUREAU V. S.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

CTATE OF MADVIAND	
STATE OF MARYLAND—	CERTIFICATE OF DEATH 4278
1. PLACE OF DEATH	
County Parford	Registration Dist. No. 185
Village or City Naurel de Grace	No. Naskelde St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
111 '10	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME William, Cogle	If U. S. Veteran, specify WAR
(a) Residence: No. Farex Nell, (Usual place of abody)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Males exhite OR DIVORCED (write the word)	april 12, 193/
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Lukesoww	22. I HEREBY CERTIFY That I attended deceased from
and a do	agril 7 ,193/, to agril 12, 193/
6. DATE OF BIRTH (month, day, and yaar)	i last say hall alive on the last said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
63 unk lay, hrs.	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Males and To blat
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Motor faryours
work was dona, as SILK MILL, '/ SAW MILL, BANK, etc	Crating Dellacentes
10. Date deceased last worked at this occupation (month and spent in this	The contract of the contract o
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(Stata or country) / Warefland	
13. NAME Saucel (Cagles	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Waryland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME luguelles Graflon	43. If death was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of Edulity)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Almide Melet Wisheld	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Lating
Place Celetre blue. Data Cife 14, 1027	Manner of Injury
92.97.1.	
19. UNDERTAKER OF COMMENT (Address)	24. Was disaasa or injury in any way related to occupation of decaded? If so, specify
	(Signad)
20. FILED apr 12., 19. 7. Colarles J. Johnson.	(Address) And MARY MA
	2411 N. Charles Streety Baltinore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Narfards	- Registration Dist. No. 185
Village or City Havrest de Grace	No Naskital St Ward
(II	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidenca in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dahy Gerl Seil	ers If U. S. Veteran, specify WAR
(a) Residence: No. (Platellis and)	St. Ward.
aberdone (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended decaased from
(or) WIFE of	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Cobr 10 - 37	i last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Will Tan
SAWYER, BOOKKEEPER, etc.	gave Vorc
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year)	
12. BIRTHPLACE (city or town) Havre de Grace	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Y as A C (State or country)	-
14. BIRTHPLACE (city or town) Welleaustown	4
Z 14. BIRTHPLACE (city or town) Willeaustown	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Culling Wartha Gally 16. BIRTHPLACE (city or town) Irriguage (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16, BIRTHPLACE (city or town) A Plryman	Accident, suicide, or homicide? Date of injury, 19
≥ (State or country) / Redu	Whare did injury occur?
Cather # Soils	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT COMMENTS AND SHARE SHA	- The state of the
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mesulia Employee Gare 1 1957	- Nature of injury
11	
19. UNDERTAKER Denny Janny Sons	24. Was disease or injury in any way related to occupation of deceased?
(Address) & Alleration 7000	If so, specify
20. FILED Clase 11 1937 Chas . Jolay. M. D.	(Signed)
Registrar.	(Address) - September 1990 - September 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.-WRITE PLAINLY,

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

UNFADING INK-THIS IS A PERMANENT RECORD. Every

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
		2 900
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

state

V. S. No. 1 B

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4280
1. PLACE OF DEATH	82-0
County Josford	Registration Dist. No. 16 3
Village or City Morrarille (IF	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charles Si	Ta
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH, (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY, That I attended deceased from
(OI) WIFE OF anna & sing	22. 1937 to 1937
6. DATE OF BIRTH (month, day, and year) July 18/854	Hast saw h was alive on Ob 015 1937 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
83 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	- antenia sclerinia
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Canses of importance
(State or country)	Hemi blaia
W 13. NAME South	
13. NAME 14. BIRTHPLACE (City or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
TE 15. MAIDEN NAME & 2001	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT In Samuel may. (Address) 25 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jupus Planty Date Jane 19, 1934	Nature of Injury
TO HADEDTAND IN MAN CO. I M. S.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER AND THE PA	If so, specify
20. FILE Opr 19, 1937 This P Brown	(Signed) Corran H. Lemmy M. D.
Registrar.	(Address) - Dewing to bour - Serm a

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The princip of importan	Date of onset	
Arteriosclerosis	1915	Attack of em	lepsy A OY 38 OS	1 week ago
Chronic interstitial nephritis	1921	Run over by		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	1831 A NOC	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contr	butory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti	8	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	VOX
1. PLACE OF DEATH	(131)	
County Harford	Registration Dist. No. 165	
Village one Hourede Grace	No 55 of Clair St., death occurred in a horpital or jostitution, give its NAME instead of street and r	Ward
Length of residence in city or Jown where deeth occurred		
2. FULL NAME (Karles port Franklyn	Starger Swelfer, specify WAR	
(a) Residence: No. 655 St. Clair	St., Ward,	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the provid) That Slack OR, DIVORCED (write the provid)	21. DATE OF DEATH Charles (Day)	, 193 (fear)
5a. If married, widowed or diversed HUSBAND of Mary Elizabeth Stanshu	22. I HEREBY CERTIFY, That I attended	deceased from
4120 1870	I last saw have elive on Acre 6 1937	: daath is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 545 Cm.	., 000(11 13 3010
1 9 1 1 ay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade profession or particular	were as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Cheonic nephritis	1933
9 Industry or husiness In which		
work was done, as SILK MILL, SAW MILL, BANK, etc	,	~
70. Data daceased last worked at this occupation (month and 1227 spent in this 32% occupation occupation)	7 ,	
11.1-1-26	Other Coutributory Causes of importance:	70.00
12. BIRTHPLACE (city or town) C. Yangara (Stata or country)	antit:	2-1-37
	Cyrus	
I I	Name of Constitution	
4 14. BIRTHPLACE (city or 16wn) (Stata or country)	Name of operation	ad
	23. If death was dua to external causes (VIOLENCE) fill in also tha following	
H	Accident, suicide, or homicide? Date of Injury	
O 16. BIRTHPLACE (city or town) (State or couplry)	Where did Injury occur?	, 1
17. INFORMANT Fillie Mitchell	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	
(Address) Havre de Grace, Hedi		
18. BURIAL, CREMATION, OR REMOVAL PIAN CREEK Date apr. 9, 1937	Nature of injury	
19. UNDERTAKER P. Madison Mitchell	24. Wes diseese or injury in eny way releted to occupetion of deceesed?	W
(Address) Have de Grace md.	If so, specify	
20. FILEDERS 9 18 76 haves & Toley m D.	(Signed) Clearle L. Couract	M. D.
// Registrar.	(Address)	

If more blanks are needed, andress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy 1 week			
Chronic interstitial nephritis	1921	Run over by street car 1 we			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis			
Guestorico	May1,1925	Gustroenteruts	1 year		

ADDITIONAL STATE FOR FURTHER STATEMENTS BY TH	. I SICIAI	5
	A S	5
	73	-

ADDITIONAL CDACE FOR FIRTHER CTATEMENTS BY DUVOICE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4282
1. PLACE OF DEATH	(R)
County 1 for for	Registration Dist. No. 185
Village or City Posserve	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norpital or institution, give its IVAIVIE instead or street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Frank 5	solve
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Oay) (Yéar)
5a. If marfied, widowed, of divorced HUSBAND of (or) WIFE of	22. I HEREEN CERTIFY That (attended decased from 1937 to 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	to have occurred on the date stated abova, at 5 Pm., 1937; death is said
7,3 7 1 1 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
& Trade profession or particular	were as tollows: Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	due to a fall
Market Market	0
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. To. Oate deceased last workad at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation. What test confirmed diagnosis? Shaddon de oth following the same was the standard of the standard of the same standard of the same standard of the same same same same same same same sam
E 15. MAIOEN NAME South She hale	23. If death was due to external causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Accident Oate of injury 47.17, 19.3.7 Where did injury occur? A home
17. INFORMANT 22 S Rolling (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Jell Lown Cellan Teles at Kome.
18. BURIAL, CREMATION, OR REMOVAL Place Da Oat Opini 11, 1937	Manner of injury Tell down Quelar Hers
19. UNDERTAKER 1/2 Warrand 2/2 (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CYPU 21 , 1937 This P Brown	(Signed) (Address) Toron South M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Arteriosclerosis	1915	Attack of epilepsy Tie A NV3808	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1861 L NIII	3 days ago
		HORNIBOBU	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.— eliule bouson in The TMITS of

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4283
1. PLACE OF DEATH	are (1)
County Harford	Registration Dist. No. 185
Village or City Have de Grace Race Tra	Allo, St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Light Sing Tighe.	If U. S. Yeteran, specify WAR/
(a) Residence: No. Hauly + Hollege Pla	eist nowardolf Na.
(Usual place of plode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale Yellow Married	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed or divorced HUSBAND of (er) WHEE of Hong Shee Ligh.	22. HEREBY CERTIFY. That I attended decassed from
6. DATE OF BIRTH (month, day, and yeer) Sept 12-9884.	I last saw h aliva on 19 : daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
52 7 2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade profession or particular	Heart failure,
kind of work dona, as SPINNER, Restarction SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and spent in this occupation (month and spent in this occupation).	natural Parises,
SAW MILL, BANK, etc.	grogatly acute
10. Date decaased last worked at this occupation (month and spent in this	P' Carlotte faction
yaar) occupation	Other Contributory Causes of Importance: Lower Course of Importance:
12. BIRTHPLACE (city or town) Sant Trancises.	Duration : Useknown
(Stata or country) / California	
13. NAME Tugh Wan.	
14. BIRTHPLACE (city of Nown) Journal Som Village	Name of oparation Date of
(State of country) Squitou // working chies	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME And Shee	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16, BIRTHPLACE (city or town) (State or country)	Whara did Injury occur? Have de Grace Rale Track
P. M'A M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME_or in PUBLIC PLACE.
17. INFORMANT (Addrass) Yaslington, D.C.	Public Place,
18. BURIAL, CREMATION, ON REMOVAL	Manner of injury
Place North Date april 1, 1931	Natura of Injury
19. UNDERTAKER Permingtoniste,	24. Was disease or injury in any way related to occupation of decaased?
(Address) Have gle snack md.	If so, spacify
20. FILED apr. 14, 1927 Charles & Teley Sad.	(Signed) - Carrele de Charles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4284
1. PLACE OF DEATH	957)
County Karford,	Registration Dist. No.
Village or City Have de Grace,	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?
Length of rasidanca in city or town where death occurredyrsmos	
2. FULL NAME Mary S. Touchton	7 , veterall, specify war.
(a) Residence: No. 200, October de France, Null (Usual place of abodé)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale white vidowets	(Month) (Day) (Yeer)
5e. If marriad, widowed, or divorced	22. I HEREBA CERTIFY, Thet I attended decessed from
(or) WIFE of John to Jouchton.	22. I HEREBY CERTIFY, Thet I attended deceased from Drumpy 11 136, to April 25 1937
6. DATE OF BIRTH (month, day, and year) Sept. 7-1844	Hest saw her elive on and 13rd 1937; death is said
7. AGE Yaars Months Devs If LESS than	to have occurred on the date stated above, at 11 4 a.m.
91 7 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	wera as follows:
Kind of work done, as SPINNER, Houseunfe	Myramakes of
9. Industry or husiness in which	00804
work was done, as SILK MILL, SAW MILL, BANK, etc	I am offe
O 10. Date dacaased last worked at this occupation (month and year)	
(A) 1 0 L 1 '	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (State or country)	A District of the second
	words of parsury
E 21 1 1 0 1	
(Stete or country)	Neme of operation Dete of
	What test confirmed diagnosis? Wes there en eutopsy?
E QUILLE	23. If death was due to external causas (VIOLENCE) fill in elso the following:
(State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19
non 4 x Pl	Where did Injury occur?
17. INFORMANT (Addrass) Swan breek Tuk	Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wesley and Classon apr. 28,19.37	Natura of Injury
Of Physician Lord One.	24. Wes disease or Injury in any, way related to occupation of dacaasad?
19. UNDERTAKER LANGUE GLE DEALE, MA	If so, specify
all 176 Meshad	(Signad) Ames 26 / Jay M. D.
20, FILED Registrar.	(Address) John Do Give yed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Chronic interstitial nephritis AV 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S. II			
Other contributory causes of importance:	- mila	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10-2	

V. S. No. 1

4285

Langth of residence in city or town where death occurred. J. yrs	County Harford	4	Registration Dist. No. 185
2. FULL NAME Selection (a) Residence: No. 22 Monage of spokes PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Village or City Have	de Grace, (1)	
(a) Residence: No. 2 2 1	Length of residence In city or town where	death occurredmos	ds. How long in U. S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON DIVENTE ON DEATH SELIT MARRIED, WIDOWED, ON DIVENTE ON DEATH SELIT MARRIED, WIDOWED, ON DIVENTE ON DEATH 22. I HEREBY CERPIFY, Did I stkinded decessed from the word) ON DIVENTE ON DEATH 1 day,	2. FULL NAME Kaler	of Vantor.	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE ON-DUCAGED (wanie the word) ON-DUCAGED (wanie the word) So. If married, widowed, or divorced HUBBAND ON DUCAGED (wanie the word) ON-DUCAGED (wanie the word) So. If married, widowed, or divorced HUBBAND ON DUCAGED (wanie the word) ON-DUCAGED (wanie the word) ON-DUCAGED (wanie the word) So. If married, widowed, or divorced HUBBAND ON DUCAGED (wanie the word) ON-DUCAGED (wanie the word)		niaslinotoni	St. Ward.
3. SEX 4. COLOR OR RACE OR. DIVORCED (winter the word) 5. If married, widowed, or divorced 1998 and or divorced	(a) Nosidence. No.	(Usual place of abode)	
Sa. It married, widowed, or divorced (or) WIFE of Scaruff author, 5a. Date of Birth (month, day, and year) Authory 984 7. AGE Years Months Days It LESS than I day, whis. 1	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND OF CONTINUES AND OF SIRTH (month, day, and year) Auchours 884. 7. AGE Years Months Days If LESS than Iday	J. SEX 4. COLOR OR RACE	OR DIVORCED (write the word)	Murst 26 1937
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day. hrs. or. min. 8. Trade, profession, or particular SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWWILL, BANK, etc. Date decessed last worked at this occupation months and year) 11. Total time (years) spent in this year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date of Jack Date of Lagrant Date of Lagrant Date of Lagrant Manner of Injury Neture o	HUSBAND OF	autor.	1 2 21 11/12/10 21 27
TACE Years Months Days If LESS than I day	C DATE OF BIRTH (month day on hours)	11 ka our - 1884	01/1/2/34//
Sample S		Days If LESS than	
8. Trade, profession, or particular kind of work done, as SPINNER, which was been as solit kill. SAWER, BOKKEPER, etc	asg. 5-2		THE I RIVER ALL CAUSE OF SERVING TOTAL OF THE POPULATION
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RIMOVAL (Address) 18. BURIAL, CREMATION, OR RIMOVAL (Address) 19. UNDERTAKER (Address)	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	louseurfe. 1f. Total time (years) spent in this	Green Summer Cerebral Himorrhage
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR RINOVAL (Address) 19. UNDERTAKER Permendian 19. UNDERTA		ee.	Taxenia
What test confirmed diagnosis? West there an autopsy? What test confirmed diagnosis? What test confirmed diagnosis? West there an autopsy? What test confirmed diagnosis? West there an autopsy? 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury. Neture of Injury. 19. UNDERTAKER Permitty down. 19. UNDERTAKER	II 13. NAME Sus	ouleas.	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 10. Manner of Injury Neture of Injury 24. Was disease or injury in any way related to occupation of deceased? (Ciencel) (Ciencel) (Ciencel) (Ciencel)	14. BIRTHPLACE (city or town)	reel,	
16. BIRTHPLACE (city or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Quelled Date abruil), 19 3 7, Neture of Injury 19. UNDERTAKER Permination (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Quelled Date abruil), 19 3 7, Neture of Injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL (Place Quelled Date abruil), 19 3 7, Neture of Injury 19. UNDERTAKER (Address) 18. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	15. MAIDEN NAME 7/22 los	wine.	
18. BURIAL, CREMATION, OR REMOVAL Place Quigel Date absuil 1, 19 3 7, Neture of Injury Neture of Injury 19. UNDERTAKER Demundows Son (Address) Lave as Green Son Son Son Son Son Son Son Son Son So	17. INFORMANT Agrue	ikuowu	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?(Specify city or town, county and State)
(Address) Have do Grand Mil. If so, specify	18. BURIAL, CREMATION, OR REMOVAL	L Date afaril 2 80 3 7	
(Signed) fulled to the M.	- //	Grafe md.	
20. FILED The Alley Registrar. (Address) Jessey of the Steered	20. FILED The 28, 1957 Cha	res J. Fally B. S Registrar.	

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NURFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CERT	TFICA	TE	OF	DEAT	Γŀ
					100	4			

1. PLACE OF DEATH	82°a)
County Harfordler	Registration Dist. No. /82
Village or City Bellin md	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurred yrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Kachel Collins Wil	Liams If U. S. Veteran, specify WAR
(a) Residence: No. Sex Cus Mana (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monyl) (Day) (Day) (Day)
5a. If marriad, widowed ordivorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	april 20, 1937, 10 Opel 21, 1937.
6. DATE OF BIRTH (month, day, and year) Duly 4 /8 62	t last saw here alive on pre 7, 193); death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
74 9 1 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Orehal General Hacks
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last workad at this occupation (month and	
10. Data deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Harford Co. Mula Organical (State or country)	Other Contributory Causes of importence:
W 13. NAME Thomas Collins	-
13. NAME Thomas Collins 14. BIRTHPLACE (city or town) Hauford Core. (Stete or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cruie Sreston 16. BIRTHPLACE (city or town). Harfurd learning (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
On harmy	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Charma Charmes (Address) Bel Can Mrs of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece classes lot afel Date 1822 24, 193	Nature of injury
19. UNDERTAKER Dean & Faster	24. Was disaasa or injury in any way ralated to occupation of dacaased? 200
(Address) Belley ma	If so, specify
20 FILED ahr 23 1937 97 E Richardson	(Signed) Willard P. Huston M.D.
Registrar.	(Address) Lorest (Legs 200)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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li	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Dete of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: